

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement of \$352.46 for date of service, 02/06/02.
- b. The request was received on 06/28/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. Initial Submission of TWCC-60
 1. HCFA-1500(s)
 2. EOB(s)
 - b. Additional documentation requested on 07/17/02 – No response found in the file.
 - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:

Based on Commission Rule 133.307 (g) (4), the Division notified the Requestor with a copy to the insurance carrier Austin Representative of the Requestor's requirement to submit two copies of additional documentation relevant to the fee dispute on 07/17/02. There is no response from the Requestor or the Carrier in the file

III. PARTIES' POSITIONS

1. Requestor: Noted on the Table of Disputed Services:

“We feel we are due an additional payment for the equipment we gave this patient [sic] we have submitted all documentation including TWCC guidelines and payment examples. This carrier still denies any additional payment.”
2. Respondent: No response statement found

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 02/06/02.
2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.
3. Per the Requestor's Table of Disputed Services, the Requestor billed the Carrier \$6,321.80 for services rendered on the above date in dispute.
4. Per the Requestor's Table of Disputed Services, the Carrier paid the Requestor \$5,938.09 for services rendered on the above date in dispute.
5. Per the Requestor's Table of Disputed Services, the amount in dispute is \$352.46 for services rendered on the above date in dispute.
6. The Carrier's EOB(s) deny reimbursement as, "M-REDUCED TO FAIR AND REASONABLE".
7. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
02/06/02	L0180-NU	\$400.00	\$310.38	M for all codes	No MAR	MFG GI (VIII) (A); SGR (V) (B) (3); HCPCS descriptor	<p>The modifier “NU” is not recognized in the Commission’s ’96 MFG. For this reason, MRD is unable to determine proper reimbursement for the services in dispute.</p> <p>CPT Code E0265-RR has also been denied additional reimbursement as reduced to fair and reasonable. Pursuant to the MFG, SGR (V) (B) (3), this modifier is used when billing for postoperative monitoring,. The Requestor has used the modifier “RR” for this HCPCS code. For this reason, MRD is unable to determine proper reimbursement for the services in dispute.</p> <p>Therefore, no reimbursement is recommended.</p>
02/06/02	L0172-NU	\$195.00	\$106.35				
02/06/02	L0120-NU	\$50.00	\$22.23				
02/06/02	E0143-NU	\$121.55	\$106.40				
02/06/02	E1399-NU	\$239.00	\$203.15				
02/06/02	E0215-NU	\$80.75	\$62.69				
02/06/02	E0265-RR	\$235.00	\$176.89				
02/06/02	E0748-NU	\$5000.00	\$4250.00				
Totals		\$6321.30	\$5238.09				The Requestor is not entitled to additional reimbursement.

The above Findings and Decision are hereby issued this 11th day of March 2003.

Denise Terry
Medical Dispute Resolution Officer
Medical Review Division

DT/dt